PATENT	APPLICATIO	N FFF DE	ETERMINATIO	N RECORD
PAILI	AFFLICATION	/IX I LL L/I	_ _	TILOUID

Application or Docket Number

Effective October 1, 2001						16704-16						
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
TC	TAL CLAIMS		17				ſ	RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		/ 7 minus 20=		* Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		* d			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRE			RESENT				+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in col					olumn 2	l	TOTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II								101712		O I1	OTHER	,
	_	(Column 1)		(Colu	mn 2)	(Column 3)		SMALL	ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=	:	OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		1	+140=.		OR	+280=	
							L	TOTAL	,		TOTAL	A CONTRACTOR
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	CL AINA	=		X42=		OR	X84=	•
<u> </u>	FIRST PRESE	MINION OF MI	DLITPLE DEF	CINDEN	CLANVI		. [+140=		OR	+280=	
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┇╏	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		1	+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, nter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR ADDIT. FEE											
		nber Previously Pa					er fou	nd in thapp	propriate box	x in co	lumn 1.	